

TENNESSEE DEPARTMENT OF REVENUE  
TAXPAYER AND VEHICLE SERVICES DIVISION  
MOTOR CARRIER SECTION  
1148 FOSTER AVENUE  
NASHVILLE, TN 37210

**APPLICATION FOR INTRASTATE AUTHORITY**

One Time Registration Fee	\$50.00
Name Change Fee	\$25.00
Total Number of Vehicles _____	
\$8.00 Per Vehicle	\$
Total Amount Due	\$

FEIN/SSN: \_\_\_\_\_ US DOT Number: \_\_\_\_\_ MC DOCKET # \_\_\_\_\_

Please indicate the type of authority for which this application is being made pursuant to Tennessee Code Annotated 65-15-107, 65-15-109 and 65-15-110 and Tennessee Rules and Regulations.

\_\_\_\_ - General Freight    \_\_\_\_ - Household Goods    \_\_\_\_ - Contract Hauler    \_\_\_\_ Mobile Homes  
\_\_\_\_ - Bus/16 Passengers or More Passengers    \_\_\_\_ - Bus /15 passengers or Less  
\_\_\_\_ - For-Hire Towing, Wreckers and Car-Carriers  
\_\_\_\_ - Private Towing, Wreckers and Car-Carriers

**Hazardous Materials:**

\_\_\_\_ - Carrier hauls hazardous materials that requires \$1 million limit of liability.  
\_\_\_\_ - Carrier hauls hazardous materials that requires \$5 million limit of liability.

Applicant Name: \_\_\_\_\_

DBA (if applicable): \_\_\_\_\_

Physical Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Company Structure** (Check One)

\_\_\_\_ - Individual    \_\_\_\_ - Partnership    \_\_\_\_ - Limited Liability Company  
\_\_\_\_ - Corporation    Year Incorporated \_\_\_\_\_ State of Incorporation \_\_\_\_\_

List name of partners or officers:

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_

**CONTINUE ON BACK OF DOCUMENT**

## Section I – Insurance Requirements

### FORMS MUST BE SUBMITTED BY THE INSURANCE COMPANY.

Minimum Liability Coverage in the amount of \$300,000 if gross vehicle weight rating is 26,000 pounds or less, \$750,000 if gross vehicle weight rating is in excess of 26,000.

- ⇒ Form BMC-91X (If you have FMCSA Authority and are based in Tennessee.
- ⇒ Form E along with a MCS 90 Insurance Endorsement (Intrastate TN Based OR (Intrastate –Non TN based).
- ⇒ Form H – Cargo (Minimum of \$5,000) – Intrastate – General Freight, Towing, Wrecker Services and Car-Carriers.
- ⇒ Form E along with a MCS-90 Insurance Endorsement – Private Carrier
- ⇒ Passenger Carriers – Form E and MCS-90
  - 15 or less passengers - (\$1,500,000).
  - 16 or more passengers - (\$5,000,000).
- ⇒ Name of Insurance Company: \_\_\_\_\_
- ⇒ Name of Insurance Representative \_\_\_\_\_
- ⇒ Telephone Number of Insurance Company \_\_\_\_\_
- ⇒ Fax Number of Insurance Company \_\_\_\_\_
- ⇒ E-mail Address of Insurance Company \_\_\_\_\_

## Section II – All Applicants having FMCSA “Interstate” Authority must complete the following:

- ⇒ If you hold a Single State Registration Receipt (SSRS) from a state other than Tennessee, please send a copy of your current SSRS Receipt and any Supplemental Receipts. This receipt must cover all vehicles operating in Tennessee Intrastate Commerce.
- ⇒ A copy of the current year BOC-3 form.

## Section III – All Applicants who travel solely in Intrastate Commerce must complete the following:

- ⇒ Each vehicle you operate in intrastate commerce must have a stamp for each calendar year of operation:
  - \$8.00 per vehicle
  - This intrastate permit card must be shown to any law enforcement officer upon request.
  - Renewal forms for the annual intrastate permit card will automatically be mailed to you.
- ⇒ A copy of the current year BOC-3 form or a Designation For Service Of Process must be a **Tennessee Resident**.

## Section IV – Penalty of Perjury Statement

Under penalty of perjury the undersigned declares that the information on this application is true and correct and that I am authorized to execute and file this document on behalf of the above applicant.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

## Section V – Remittance

- ⇒ Application must accompany fee.
- ⇒ Return your application with payment to the address show below: “NO CASH”
  - Tennessee Department of Safety
  - C/O Department of Revenue
  - 500 Deaderick Street
  - Andrew Jackson State Office Building
  - Nashville, TN 37242

Should you have any questions please call this office at 615-687-2285 or fax 615-253-2283.

Processing Account Code	280.00
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